

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>	59	09/25/10
O.I.P.E. CLASSIFIER		928	
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	DR TAP Pn	70014 110 OBNPF26	11/3/10 10-a-01 A-06-00
ABN			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 : ..... Restricted      O ..... Objected

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Claim	Date
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
staple additional sheet here

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533  
10-09-01  
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